



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 12, 2023

Nicole D'Arcy
Muskegon Public Schools
1458 5th St
Muskegon, MI 49441

RE: License #: DC610020881

RE: SI LOG #: **Muskegon Pub Sch K-6 Marquette
480 Bennett Street
Muskegon, MI 49442-2133**

Dear Ms. D'Arcy:

This letter is to advise you that the 04/10/2023 corrective action plan you submitted, regarding each rule violation cited in the recently completed Renewal Licensing Study Report, is approved.

You can find a copy of this corrective action approval letter and the associated report on our [website](#) under [Statewide Search for Licensed Child Care Centers and Homes](#). A description of each type of report and corrective action plans can be found under [Overview of Licensing Reports](#).

Violation cited	Noncompliance observed	Plan to correct	Date to be completed
MCL 700.115n (1) Child care center, group child care home, or family child care home; contact with child by licensee, child care staff member, or household adult member prohibited; conditions.	Ms. D'Arcy did not ensure that the department was granted the ability to complete the necessary background checks on all child care staff members. Child care staff member Ms. Jennifer Jones was providing care in the preschool room without having completed a comprehensive background check.	All staff will complete a comprehensive background check prior to working with children.	04/19/2023

R 400.8110 (3)(b) Applicant; licensee; licensee designee; requirements.	Ms. D’Arcy did not ensure that a copy of the rulebook is posted in a place accessible and visible to parents.	A copy of the rulebook will be posted by the parent entrance.	03/31/2023
R 400.8110 (10) Applicant; licensee; licensee designee; requirements.	Ms. D’Arcy did not ensure that written approval from the department was received prior to adding use space. The school-age program was using two classrooms that had not been approved. I approved the rooms while onsite.	The rooms were approved at the onsite inspection.	
R 400.8112 (2)(a) Comprehensive background check; fingerprinting.	Ms. Scott did not ensure that each individual requiring a comprehensive background check completes the required consent and disclosure form. Ms. Jones did not have a form on file, and the other five staff members whose files I reviewed completed an incorrect form.	Consent and disclosure forms will be completed and corrected as applicable.	04/19/2023
R 400.8112 (2)(e) Comprehensive background check; fingerprinting.	Ms. Scott did not ensure that the center’s CCBC account is accurate. Ms. Jones was not listed in the account, two child care staff members have incorrect roles, and there are six individuals listed in the account who are not employed by the center.	The center’s CCBC account will be corrected and maintained accurately.	04/19/2023
R 400.8125 (4) Staff; volunteer; requirements.	Ms. Scott did not ensure that the center has a written policy regarding the screening and supervision of staff and volunteers, including the required PSOR statement.	The appropriate policy will be developed and posted.	03/31/2023

R 400.8125 (5) Staff; volunteer; requirements.	Ms. Scott did not ensure that all staff have the required abuse/neglect statement on file. Ms. Jones did not have this statement.	The missing statements will be obtained, and new staff and volunteers will complete them at hire.	04/19/2023
R 400.8128 Staff; volunteer; tuberculosis.	Ms. Scott did not ensure that all staff have evidence of freedom from communicable tuberculosis. Ms. Jones did not have this required documentation on file.	TB tests will be completed prior to contact with children.	04/19/2023
R 400.8131 (12) Professional development requirements.	Ms. Scott did not ensure that all required staff complete the health and safety refreshers. Child care staff members Ms. Claire Schubeck and Ms. Sara Hawkins did not complete the 2022 refresher training.	Staff will complete missing refresher trainings.	04/19/2023
R 400.8131 (3) Professional development requirements.	Ms. Scott did not ensure that all staff have training on the prevention of shaken baby syndrome, abusive head trauma and child maltreatment, and recognition and reporting of child abuse and neglect prior to caring for children. Ms. Jones did not have this required training. In addition, lead caregiver Ms. Debora Douglas started working in September 2022 and did not complete this training until February 2023.	Staff missing this training will complete it. This training will be completed at hire.	04/19/2023
R 400.8131 (8) Professional development requirements.	Ms. Scott did not ensure that the center has an ongoing professional development plan to include all trainings	The professional development plan will be updated as required.	04/19/2023

	required by the rules. The center's professional development plan does not include that staff will receive an orientation, must complete a comprehensive background check, and must complete the required health and safety trainings.		
R 400.8131 (11) Professional development requirements.	Ms. Scott did not ensure that all staff have verification of professional development on file.	Certificates verifying training will be kept onsite in staff members' files.	04/19/2023

R 400.8143 (1) Children's records.	Ms. Scott did not ensure that the center obtained completed child information cards prior to children's attendance. Of five preschool files reviewed, all were missing at least one piece of required information, including the date of admission, parents' employer information, physician information, and allergy information.	Child information cards will be completed as required.	05/05/2023
R 400.8143 (4) Children's records.	Ms. Scott did not ensure that all immunizations are brought up to date within 4 months of enrollment. Of five child files reviewed, three children had overdue immunizations.	Files will be updated with missing immunization records.	05/05/2023
R 400.8143 (6) Children's records.	Ms. Scott did not ensure that physical evaluations are obtained for preschool-aged children within 30 days of initial attendance. Ms. D'Arcy denied that the center obtained any physical evaluation forms for the current school year.	Files will be updated as needed.	05/05/2023
R 400.8143 (11) Children's records.	Ms. Scott did not ensure that the center maintains accurate daily attendance. At the time of the onsite inspection, there were 24 preschool children present but only 20 signed in.	Attendance will be kept accurate and reviewed daily.	03/31/2023
R 400.8146 (2) Information provided to parents.	Ms. Scott did not ensure that the center obtained written documentation that parents received the handbook. Ms. D'Arcy denied that the center requested this	The required paperwork will be obtained and kept onsite.	03/31/2023

	documentation for the current school year.		
R 400.8161 (3) Emergency procedures.	Ms. Scott did not ensure that emergency procedures were posted in the preschool classroom.	Missing procedures will be posted.	03/31/2023
R 400.8173 (2) Equipment.	Ms. Scott did not ensure that the updated recall list was posted in the center.	An updated recall list will be posted.	03/31/2023
R 400.8176 (5)(a) Sleeping equipment.	Ms. Scott did not ensure that a cot or mat and sheet or blanket were provided to all preschoolers for napping. Some children had a cot, but some were lying on rugs or the hard classroom floor. None of the children were provided a blanket or sheet.	Additional mats and blankets will be provided to each child.	03/31/2023
R 400.8179 (6) Program.	Ms. Scott did not ensure that a daily routine was posted in a place visible to parents. The preschool classroom did not have a routine posted.	A daily routine will be posted.	03/31/2023
R 400.8380 (8) Maintenance of premises.	Ms. Scott did not ensure that a lead hazard risk assessment was completed on this center. The center began offering preschool programming in 2021 and a lead inspection should have been done at that time.	A lead hazard risk assessment will be completed prior to the center reopening for preschool aged children.	06/30/2023

It is expected that the corrective action plan will be implemented within the time frames as outlined in your plan.

A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

The office provides technical assistance to meet the licensing requirements and consultation to improve services. Please contact me with any questions. In the event

that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

Amanda Wendell

Amanda Wendell, Licensing Consultant
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Lansing, MI 48909
(231) 492-5410